

The Influence of Workload, Personality, Working Period, and Leadership Style on Work Stress and Its Impact on Nurse Burnout at Dr. M.M Dunda Limboto Hospital

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ABSTRACT

Nurses are the spearhead of health services that are vulnerable to work stress and burnout due to high job demands, large responsibilities, and long working hours. Burnout can reduce the quality of service and work productivity of nurses. This study aims to analyze the influence of work period, workload, personality, and leadership style on work boredom with work stress as a mediating variable in nurses at Dr. M.M Dunda Limboto Hospital. The research sample amounted to 90 nurses who were taken with a total sampling technique. Data analysis was carried out using Univariate, Bivariate, and Multivariate analysis (path analysis) through the SPSS version 25 program to test the direct and indirect influence between variables. The results showed that there was an influence of work period, personality workload, and leadership style factors with burnout in nurses at Dr. M.M Dunda Limboto Hospital with p. Value ($0.000 \leq 0.05$) while simultaneously the variables of working period, workload, personality, and leadership style had a significant effect on work stress ($R^2 = 0.68$). Partially, workload ($\beta = +0.55$; $p = 0.000$) had the strongest positive effect on work stress and working time ($\beta = +0.28$; $p = 0.004$) had a moderate positive effect, while personality ($\beta = -0.41$; $p = 0.000$) and leadership style ($\beta = -0.33$; $p = 0.000$) had a significant negative effect. Work stress itself had a significant positive effect on burnout ($\beta = +0.63$; $p = 0.000$), with a value of R^2 burnout = 0.74. The largest indirect influence on burnout occurred through the workload pathway \rightarrow work stress \rightarrow burnout (total $\beta = +0.72$). The conclusion of this study shows that workload is the most dominant factor that increases nurse burnout, while a stable personality and supportive leadership style play an important role in reducing work stress and preventing burnout. These findings underscore the importance of workload management and transformational leadership development in an effort to maintain the psychological well-being of nursing staff.

INTRODUCTION

Nurses as the frontline in healthcare are required to work under high pressure, long working hours, and have a great responsibility for patient safety (Jeikawati et al., 2023). *Burnout syndrome* What nurses experience at work will greatly affect the quality of nursing services provided to patients, and can cause work effectiveness to decrease, social relationships between colleagues to become strained, and negative feelings arise towards patients, work, and nurses' workplaces. In severe circumstances, there will be a desire to switch to another profession. If this is left unchecked and not comprehensively identified, then the hospital where the nurse works will experience a decrease in the quality of service. More than that, the image of nurses as one of the health workers closest to patients will be damaged in the eyes of the public (Tawale, 2011) in (Sari, 2014)

ILO) in 2021 stated that almost every year as many as 2 million workers die due to work accidents caused by fatigue factors with a percentage of 71.43% of workers experiencing mild fatigue in measurements before work, and 100% of workers experiencing fatigue with a percentage of mild fatigue of 11.43%, moderate

fatigue of 42.86%, and fatigue of 2 severe fatigue of 45.71% after work. Healthcare workers, such as nurses, are one of the most vulnerable groups to this disorder. Daily activities such as lifting patients, standing for long periods of time, and working in a static position without moving much are the main triggers for the appearance of these complaints. This condition can certainly reduce the overall quality of life and work productivity.

Based on preliminary observation data, it is known that *the Hospital Bed Occupancy Rate (BOR)* in 2022 is 50%, in 2023 it is 48.8%, and in 2024 it is 57.1%. This figure shows that the bed occupancy rate is in the normal category according to the Ministry of Health's standards (60–85%). This means that the number of patients being treated is still within the limit of the hospital's service capacity. However, this *increase in BOR* shows that the patient occupancy rate is getting higher so that the workload of nurses also increases and the results of interviews with 20 nurses at Dr. M.M Dunda Limboto Hospital show that there are complaints related to the workload felt in the medium category, such as muscle fatigue, decreased energy and higher need for rest after finishing work and some nurses with a working period of more than five years revealed begin to feel bored and emotionally exhausted due to a monotonous work routine. Meanwhile, nurses with a working period of less than three years stated that they often felt pressured in the adjustment stage to workload and responsibilities that can cause Work Stress.

It is also obtained that the personality of nurses affects the way they deal with work pressure. Introverted personalities tend to be more reserved and introverted in expressing their feelings and rarely ask for help when experiencing difficulties, making them more prone to burnout, while extroverted personalities are better able to manage stress. Some nurses revealed that communication with leaders is often formal and rigid, without a personal approach. Lack of emotional support and appreciation for nurses' performance makes them feel like they don't have a close relationship with the leader, which can reinforce burnout at work.

It can be concluded that the importance of preventing and controlling *burnout* in nurses. In general, this burnout arises due to the mismatch between nurses' expectations of an ideal work environment and the realities they face in the field. The gap between nurses' expectations of ideal working conditions and the reality faced is at the heart of the problem in work burnout. Because of this, the researcher is interested and wants to study more deeply about "Factors Affecting the Incidence of Burnout in Nurses at Dr. M.M Dunda Limboto Hospital"

RESEARCH METHODOLOGY

This research is a type of quantitative research that is analytical. Quantitative research is research that is based on the collection and analysis of numerical (numerical) data to explain, predict, and control the phenomenon of interest. Quantitative research emphasizes its analysis on numerical data processed by statistical methods, with quantitative methods will obtain the significance of the relationship between variables. This study used a cross sectional design. Cross-sectional is a study to study the dynamics of the correlation between risk factors and effects, by way of approach, observational, or data collection. Cross-sectional research only observed once and measurements were made on the subject variables at the time of the study (Nursalam, 2020). This study aims to analyze the factors that affect the incidence of work burnout in nurses in the ICU Room, ERD, OK and Internal Dr. M.M Dunda Limboto Hospital. This research will be conducted on November 17-29, 2025 at Dr.M.M Dunda Limboto Hospital.

As for this study, sampling uses the total sampling technique, Total sampling is a sampling technique where the number of samples is equal to the population. The reason for taking the total sampling is because, according to Sugiyono, the number of populations that are less than 100 is used as a research sample. The number of samples used as respondents in this study was as many as 90 nurses at Dr. M.M Dunda Limboto Hospital.

The data collection technique in this study uses a closed questionnaire which is compiled based on the indicators of each variable studied. The use of the questionnaire allowed researchers to obtain primary data on factors that affect burnout, such as workload, role conflicts, social support, and job satisfaction (Robbins & Judge, 2015).

Data Analysis Techniques

Univariate Analysis

Univariate is carried out to get an overview of the research problem by describing each variable used in this study, namely by looking at the description of the frequency and percentage distribution of each Independent variable (Age and Workload) and the desired Dependent variable (Burnout) from the distribution table.

Bivariate Analysis

Bivariate aims to find out hypotheses that are allegedly interconnected. In this case, independent variables (Personality, Work Stress, Workload, Work Period, and Leadership Style) with dependent variables (Burnout). The statistical chi test used is the chi-square test. The chi-square test is a non-parametric test that has the ability to compare two or more categories on categorized data. Bivariate analysis uses chi-square with a 95% confidence degree. The determination of the results of the test is obtained by looking at the value of p,

that is, if $p \leq 0.05$, then there is a meaningful relationship between the independent variable and the dependent variable. If $p > 0.05$, then there is no meaningful relationship between the independent variable and the dependent variable.

RESEARCH RESULTS

Distribution of Nurse Respondent Characteristics

Table 1 Distribution of Characteristics of Nurse Respondents at Dr. M.M Dunda Limboto Hospital

Respondent Characteristics	Classification	Frequency (<i>n</i>)	Present (%)
Age	19 - 25 Years (Late Teens)	10	11.1
	26 – 35 Years (Early Adult)	54	60.0
	36 – 45 years old (Late Adult)	20	22.2
	> 45 Years Old (Pre-Elderly)	6	6.7
Gender	Male – Male	31	34.4
	Women	59	65.6
Education Level	DIII Nursing	34	37.8
	S1/DIV Nursing	4	4.4
	Ners	52	57.8
Total		90	100.0

(Source: Primary data, 2025)

Based on the table above, the majority of respondents were in the age range (26 – 35 years) of early adulthood of 54 people (60.0%), with the majority of the female gender of 59 people (65.6%), with the majority of NERS education level of 52 people (57.8%).

Univariate Analysis

Overview of the Working Period of Nurses at Dr. M.M Dunda Limboto Hospital

Table 2. Overview of the Working Period of Nurses at Dr. M.M Dunda Limboto Hospital

Yes	Work Experience	Frequency (<i>n</i>)	Present (%)
1.	≤ 5 Years	45	50.0
2.	> 5 Years	45	50.0
	Total	90	100%

(Source: Primary data, 2025)

Based on the table above, nurses have the same number of work experience in nurses who work < 5 years and > 5 years with 45 people (50%) each.

Overview of the Workload of Nurses at the Dr. M.M Dunda Limboto Hospital

Table 3 Overview of the Workload of Nurses at Dr. M.M Dunda Limboto Hospital

Yes	Workload	Frequency (<i>n</i>)	Present (%)
1.	Lightweight	41	45.6
2.	Weight	49	54.4
	Total	90	100%

(Source: Primary data, 2025)

Based on the table above, the majority of nurses have a heavy workload of 49 people or a number (54.4%).

Overview of the Personality of Nurses at Dr. M.M Dunda Limboto Hospital

Table 4. Overview of the Personality of Nurses at Dr. M.M Dunda Limboto Hospital

Yes	Nurse Personality	Frequency (<i>n</i>)	Present (%)
1.	Less	40	44.4
2.	Good	50	55.6
	Total	90	100%

(Source: Primary data, 2025)

Based on the table above, the majority of nurses have personalities either as many as 50 people or a number (55.6%)

Overview of Nurses' Work Stress at Dr. M.M Dunda Limboto Hospital

Table 5 Overview of Nurse Work Stress at Dr. M.M Dunda Limboto Hospital

Yes	Work Stress	Frequency (<i>n</i>)	Present (%)
1.	Lightweight	44	48.9
2.	Weight	46	51.1
Total		90	100%

(Source: Primary data, 2025)

Based on the table above, the majority of nurses have heavy work stress of 46 people or (51.1%).

Overview of Leadership Style at Dr. M.M Dunda Limboto Hospital

Table 6 Overview of Leadership Style at Dr. M.M Dunda Limboto Hospital

Yes	Leadership Style	Frequency (<i>n</i>)	Present (%)
1.	Less	45	50.0
2.	Good	45	50.0
Total		90	100%

(Source: Primary data, 2025)

Based on the table above, nurses consider the current director's leadership style to have the same number in terms of less or better as 45 people or (50%).

Overview of Nurse Work Burnout at Dr. M.M Dunda Limboto Hospital

Table 7 Overview of Nurse Work Burnout at Dr. M.M Dunda Limboto Hospital

Yes	Work Burnout	Frequency (<i>n</i>)	Present (%)
1.	No burnout	44	48.9
2.	Burnout	46	51.1
Total		90	100%

(Source: Primary data, 2025)

Based on the table above, the majority of nurses experienced burnout or burnout of 46 people or (51.1%).

Bivariate Analysis

The Relationship between Nurses' Working Time and *Burnout* in Nurses at Dr. M.M Dunda Limboto Hospital.

Table 8 Relationship of Nurses' Working Period with Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Tenure	Work Burnout				Total		<i>p.value(x2)</i>
	No Burnout		Burnout				
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	
< 5 Years	30	40.0	9	10.0	45	50.0	0.000
> 5 Years	8	8.9	37	41.1	45	50.0	
Total	44	48.9	46	51.1	90	100.0	

(Source: Primary Data, 2025)

Based on the results of the study, it shows that the majority of nurses with a working period of <5 years do not experience burnout of 30 people (40%), but there are nurses with a working period of < 5 years experience burnout of 9 people (10%).

In the 5-year >working period group, the majority of nurses experienced burnout as many as 37 people (41.1%), but there were nurses with a working period of > 5 years without burnout as many as 8 people (8.9%).

The results of the statistical analysis using the chi square test (χ^2) obtained a p-value of 0.000 (≤ 0.05). Based on this value because the p value ≤ 0.05 can be concluded that there is a relationship between the Nurse's Working Period Factor and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

The Relationship between Nurses' Workload and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Table 9 Relationship between Nurse Workload and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital

Nurse Workload	Work Burnout						<i>p.value(x2)</i>
	No Burnout		Burnout		Total		
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	
Lightweight	36	40.0	5	5.6	41	45.6	0.000
Weight	8	8.9	41	45.6	49	54.4	
Total	44	48.9	46	51.1	90	100.0	

(Source: Primary Data, 2025)

Based on the results of the study, it showed that the majority of respondents who had a light workload did not experience burnout as many as 36 people (40%), but there were nurses with a light workload but 5 people (5.6%) experienced burnout.

In the heavy workload group, 41 people (45.6%) experienced burnout, but there were nurses with heavy workloads who did not experience burnout as many as 8 people (8.9%).

The results of the statistical analysis using the chi square test (x^2) obtained a p-value of 0.000 (≤ 0.05). Based on this value because the p value ≤ 0.05 can be concluded that there is a Relationship between Nurse Workload Factors and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital

The Relationship between Nurse Personality and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Table 10 Relationship between Nurse Personality and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital

Nurse Personality	Work Burnout						<i>p.value(x2)</i>
	No Burnout		Burnout		Total		
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	
Good	34	37.8	6	6.7	40	44.4	0.000
Less	10	11.1	40	44.4	50	55.6	
Total	44	48.9	46	51.1	90	100.0	

(Source: Primary Data, 2025)

Based on the results of the study, it was shown that the majority of respondents with good personalities did not experience burnout as many as 34 people (37.8%), but there were nurses with good personalities who experienced burnout as many as 6 people (6.7%).

In the less personality group, the majority of nurses experienced burnout as many as 40 people (44.4%), but there were nurses with less personality who did not experience burnout as many as 10 people (11.1%).

The results of the statistical analysis using the chi square test (x^2) obtained a p-value of 0.000 (≤ 0.05). Based on this value because the p-value ≤ 0.05 can be concluded that there is a relationship between the Nurse's Personality Factor and Work Burnout (*Burnout*) On Nurses At Dr. M.M Dunda Limboto Hospital.

The Relationship between Nurses' Work Stress and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Table 11 Relationship between Nurses' Work Stress and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital

Work Stress	Work Burnout						<i>p.value(x2)</i>
	No Burnout		Burnout		Total		
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	
Lightweight	34	37.8	10	11.1	44	48.9	0.000
Weight	10	11.1	36	40.0	46	51.1	
Total	44	48.9	46	51.1	90	100.0	

(Source: Primary Data, 2025)

Based on the results of the study, it showed that the majority of respondents with mild work stress did not experience burnout as many as 34 people (37.8%), but there were nurses with mild stress experiencing burnout as many as 10 people (11.1%).

In the severe stress group, nurses experienced an average of 36 people (40%) burnout, but there were 10 nurses who did not experience burnout (11.1%).

The results of the statistical analysis using the chi square test (χ^2) obtained a p-value of 0.000 (≤ 0.05). Based on this value because the p value ≤ 0.05 can be concluded that there is a relationship between the Nurse's Work Stress Factor and Work Burnout (*Burnout*) On Nurses At Dr. M.M Dunda Limboto Hospital

The Relationship of Leadership Style with Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Table 12 Relationship between Nurse Leadership Style and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital

Leadership Style	Work Burnout						<i>p.value</i> (χ^2)
	No Burnout		Burnout		Total		
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	
Good	36	40.0	9	10.0	45	50.0	0.000
Less	8	8.9	37	41.1	45	50.0	
Total	44	48.9	46	51.1	90	100.0	

(Source: Primary Data, 2025)

Based on the results of the study, it was shown that the majority who considered a good leadership style did not experience burnout on average 36 people (40%), but there were nurses who considered a good leadership style to experience burnout as many as 9 people (10%).

In the group of nurses who considered their leadership style to be lacking, the majority had burnout as many as 37 people (41.1%), but there were nurses who considered their leadership style to be lacking and did not experience burnout as many as 8 people (8.9%).

The results of the statistical analysis using the chi square test (χ^2) obtained a p-value of 0.000 (≤ 0.05). Based on this value because the p value ≤ 0.05 can be concluded that there is a relationship between the Leadership Style Factor and Work Burnout (*Burnout*) on nurses at Dr. M.M Dunda Limboto Hospital.

DISCUSSION

Univariate Analysis

Overview of the Working Period of Nurses at Dr. M.M Dunda Limboto Hospital

Based on the results of the study, it was shown that nurses had the same amount of work experience in nurses who worked < 5 years and > 5 years with 45 people (50%) each.

According to (Dianda, 2023) who said that the working period of a nurse is the length of time nurses serve in the nursing profession, which is measured from the time of graduation to the present, varies depending on the level of education (D3/S1 Nurses) and the institution where they work, and affects the application of ethics, competencies, and career paths, which has an impact on the quality of patient services.

Based on the description above, researchers assume that a higher working period generally correlates positively with improved performance because experience deepens competencies, technical skills, problem-solving, and system understanding, which leads to better service quality, but is also influenced by other factors such as motivation and workload, so the impact can vary, some are very good and some need triggers to stay excellent.

Based on the description above, it can be concluded that the potential risk to new workers due to lack of experience in coping with stress and adaptation increases the risk of *burnout*. Low working hours often mean new workers, who can be more vulnerable to high work demands or lack of support, but there are also those who are more adaptable.

Overview of the Workload of Nurses at the Dr. M.M Dunda Limboto Hospital

Based on the results of the study, it shows that the majority of nurses have a heavy workload of 49 people or a number (54.4%). Based on the findings of the researcher, this is associated with nurses who must make comprehensive observations and direct contact with clients in the inpatient room continuously such as in the ICU room, nurses feel that currently the room has a limited number compared to patients who enter mainly in the ER, some tasks are completed in a hurry because the next incoming patient comes before the task is completed, and always feel tired because they do a lot of nursing actions during work.

According to (Rivai, 2021), nurse workload is all activities or activities carried out by nurses while on duty to provide nursing services to patients, either directly or indirectly. The impact of excessive workload can negatively impact patient service and nurse satisfaction High workload can trigger stress and

burnout in nurses, which can decrease work efficiency and effectiveness.

Based on the description above, researchers assume that a high workload of nurses will affect performance, quality of service, patient satisfaction, and the well-being of the nurses themselves, causing stress, burnout, fatigue, decreased concentration, and even increasing the risk of errors and patient mortality, as seen from the significant association with decreased caring and increased work stress, although sometimes patient satisfaction is maintained due to the dedication of nurses.

Overview of the Personality of Nurses at Dr. M.M Dunda Limboto Hospital

Based on the results of the study, the majority of nurses have a personality of either 50 people or a number (55.6%). Based on the findings of the researcher, this is associated with nurses who feel comfortable interacting with patients, because they are aware that it is one of their duties to build good therapeutic communication, have cooperation in teams and groups, not easily squeeze pressure, when discussing accepting the opinions of other nurses and not imposing their will, not delaying work so that work does not pile up, and always try to be meticulous in every task done.

According to (Permatasari, 2024) that personality is a unique pattern of the way a person thinks, feels, acts, and interacts with the world, encompassing the attitudes, traits, emotions, and values that shape their habits and responses to the environment. It is a combination of dynamic psychic and physical aspects, which can change over time and are influenced by internal (psychic) and external (environmental) factors, as well as show the uniqueness of the individual in dealing with life.

According to (Radiah, 2025), the personality of a nurse is a combination of attitudes and characters centered on caring, empathy, honesty, patience, and professionalism, including the ability to think critically, communicate effectively, and the desire to prioritize the interests of patients over personal interests, with the aim of protecting dignity and improving the welfare of patients. Nurses ideally have traits such as altruism, equality, humility, trustworthiness, and are able to work together to provide holistic service.

Based on the description above, the researcher assumes that the personality of the nurse is very important because it affects the quality of nursing care, creates good relationships with patients (caring, empathy), supports critical thinking skills in difficult situations, and increases patient satisfaction, thus helping the overall healing process, including patience, politeness, caring, and effective communication skills which are crucial in assisting patients during hospital treatment.

Overview of Nurses' Work Stress at Dr. M.M Dunda Limboto Hospital

Based on the results of the study, it shows that the majority of nurses have heavy work stress as many as 46 people or (51.1%), based on the findings of the researcher, this is associated with nurses who feel stressed because work tasks are not completed based on the targeted time, are unable to cope with the work pressure felt and affect the life of nurses outside of work, so nurses often feel less focused, work makes nurses easily angry and offended, and nurses feel burdened to do tasks at the same time, such as doing duties as primary nurses and due to limited staff, nurses have to go back and forth to escort patients for CT – SCAN, X-ray and several other examinations.

According to (Dwi, 2025), work stress is a psychological and physical response to pressure or work demands that exceed a person's ability, characterized by symptoms such as anxiety, irritability, fatigue, difficulty sleeping, indigestion, and decreased productivity. The causes can be varied, ranging from heavy workloads, lack of support, to work-life balance imbalances, and can be overcome with relaxation techniques, improving working conditions, social support, and maintaining physical and mental health. Nurse work stress is caused by internal factors (heavy workload, busy working hours, shifts changing, emotional demands) and external factors (poor management, relationship conflicts, lack of support, inadequate facilities), negatively impacting performance, quality of life, and health, with symptoms such as fatigue, headaches, sleep disturbances, and digestive problems.

Based on the description above, the researcher assumes that work stress in nurses at Dr. M.M Dunda Limboto Hospital is caused by the demands of work as a nurse who are required to respond quickly to the patient's condition and condition. The patient's family can also influence the nurse's work stress with various comments on the nurse's performance. In addition, the social environment at work is also a trigger for nurses to experience work stress in terms of inappropriate work shift distribution.

Overview of Leadership Style at Dr. M.M Dunda Limboto Hospital

Based on the results of the study, it shows that nurses consider the current director's leadership style to have the same number in terms of less or better as 45 people or (90%), based on the findings of the researcher, this is related to nurses who consider that the director gives a clear vision and mission to nurses, always providing motivation and encouragement to provide better nursing services, However, the director is considered to lack appreciation for nurses who work well, and rarely gives feedback on the work of nurses.

According to (Sari, 2021) that leadership style is a typical pattern of behavior or approach used by a leader to direct, motivate, and manage his team to achieve common goals in the organization, which includes values, strategies, and methods applied. The leadership style of hospital directors varies, but research shows a tendency towards democratic (involving staff in deliberation), situational/flexible (adapting to conditions), and sometimes supportive (supporting staff), to improve service quality and discipline.

Based on the description above, the researcher assumes that the leadership style of the hospital director is very important because it determines the quality of service, operational efficiency, patient safety, staff motivation, and innovation; Effective directors build strong teams, create a positive environment, and encourage continuous improvement, which has a direct impact on the achievement of hospital goals and patient satisfaction.

Overview of Nurse Work Burnout at Dr. M.M Dunda Limboto Hospital

Based on the results of the study, it showed that the majority of nurses experienced work boredom or burnout as many as 46 people or (51.1%), based on the findings of the researcher this was associated with nurses who on average experienced physical fatigue after work, felt tired when waking up in the morning and returning to activities, feeling lethargic when facing many patients, felt less interaction with other nurses and patients and their families in the last few days, tend to be emotional if colleagues talk about work-related things and lack of enthusiasm while working in the room.

According to (Octavianti and Hamni, 2022), burnout is a condition of extreme physical, mental, and emotional fatigue due to prolonged stress, usually triggered by high work pressure and not managed properly, causing loss of motivation, decreased performance, and feeling helpless and saturated, and is not the same as ordinary stress because it is chronic and more difficult to overcome. Nurse burnout is a syndrome of physical, emotional, and mental fatigue due to chronic work stress due to excessive work demands, such as heavy workload, understaffing, and high pressure, characterized by symptoms such as loss of enthusiasm, decreased performance, irritability, social withdrawal, and negative impacts on service quality and work motivation

Based on the above description, researchers assume that nurse burnout is very important because it has a direct impact on the quality of patient services (risk of medical errors), nurse performance and satisfaction, nurses' mental and physical health (stress, depression, anxiety), and nurse turnover rates (nurses leave their jobs), all of which create a cycle of problems in health facilities and threaten the sustainability of optimal health services.

Bivariate Analysis

The Relationship between Nurses' Working Time and *Burnout* in Nurses at Dr. M.M Dunda Limboto Hospital.

Based on the results of the study, it shows that the majority of nurses with a working period of <5 years do not experience burnout as many as 30 people (40%), based on the findings of the researcher this is associated with nurses who have worked <5 years tend to enjoy their current job, do not feel burdened, and consider that work-related tasks are interesting things to do, besides that nurses like to work with colleagues and care about their colleagues and colleagues complete tasks while in the room effectively and efficiently. In the group of nurses with a working period of < 5 years, 9 people (10%) experienced burnout, based on the findings of the researcher, this was associated with nurses who felt bored because the work done was the same every day, in addition to work that accumulated and not completed increased fatigue and work boredom felt by nurses.

In the group of nurses with a working period of > 5 years without burnout, 8 people (8.9%) experienced burnout, based on the findings of the researcher, this is related to good self-management skills, social support and effective leadership in the workplace, strong communication, work-life balance, and the ability to adapt and find proactive solutions to overcome high work demands. such as facing heavy workloads or staff shortages. They may already have strategies for managing stress and emotions, as well as being supported by a positive work environment.

According to (Sari, 2021), the working period is closely related to work boredom because as the working period increases, the accumulation of pressure, workload, and monotonous routines can accumulate, causing emotional and physical fatigue (burnout), stress, and decreased motivation and performance, although it is not always linear because individual and environmental factors also play an important role.

According to (Rivai, 2023) that good nursing adaptation can avoid *burnout* including internal strategies (self-management, *self-efficacy*, positive coping such as relaxation) and external (strong social support, healthy work environment, workload management). The key is to build self-resilience through self-development, stress management, and support from colleagues, family, and hospitals, in order to be able to cope with stress and maintain professional performance.

Based on the description above, researchers assume that working hours affect nurse burnout because the longer they work, chronic work demands such as high workload, long working hours, high stress, and lack of support accumulate, cause ongoing emotional and physical exhaustion, which drains energy, causes cynicism, and decreases the overall performance of nurses

The results of the statistical analysis using the chi square test (χ^2) obtained a p-value of 0.000 (≤ 0.05). Based on this value because the p value ≤ 0.05 can be concluded that there is a relationship between the Nurse's Working Period Factor and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Parallel research conducted by Liana (2020) shows that there is a relationship between working time and *Burnout* ($\rho=0.008$) at Bhayangkara Hospital Palembang in 2021

Based on the researchers' assumption, that nurses with longer working hours (seniors) may face greater demands and responsibilities, as well as years of chronic work stress exposure, which can cumulatively increase the risk of *burnout*. In addition to adaptation and experience, on the other hand, more senior nurses also tend to have better coping mechanisms, extensive experience, and perhaps stronger social support, which can help them manage stress and reduce the likelihood of burnout compared to newer nurses. New nurses may be more prone to burnout due to lack of experience and difficulty adapting to a demanding work environment. Often, other factors such as high workload, work environment, lack of social support, and long hours have a stronger and more consistent relationship with burnout than work alone. Heavy workloads, both physical and mental, can lead to burnout, regardless of how long the nurse has been working.

Based on the description above, it can be concluded that the potential risk to new workers due to lack of experience in coping with stress and adaptation increases the risk of burnout. A low standard of service life of less than 5 years often means new workers, who can be more susceptible to high work demands or lack of support, but in > 5 years of service nurses tend to be easily adapted to their work environment, whereas adaptable nurses tend to avoid burnout because they have high self-efficacy and good coping mechanisms. allows them to manage stress and high work demands through self-management (exercise, adequate sleep, relaxation), priority setting, open communication with superiors, and social support. Adaptability helps nurses cope with changes and problems, preventing emotional and physical exhaustion that leads to burnout. so that there is a relationship between the Nurse's Working Period and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital

The Relationship between Nurses' Workload and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Based on the results of the study, it was shown that the majority of respondents who had a light workload did not experience burnout as many as 36 people (40%), based on the findings of the researcher, this was associated with nurses who considered that the monitoring and actions carried out to patients were evenly distributed to all nurses who worked in the shift so that they did not feel a burden in carrying out their duties, Nurses are currently sufficient, able to meet the family's demands for patient safety, and are faced with the right decision at all times. In the group of nurses with a light workload but experiencing burnout as many as 5 people (5.6%), based on the findings of the researcher, this is associated with nurses who feel that currently the workload is light, but experience boredom in work due to lack of motivation to work, nurses feel that their current work and career are not developing, which has an impact on low motivation in nurses.

In the heavy workload group, most of the people experienced burnout as many as 41 people (45.6%), based on the findings of the researcher this is associated with this being associated with nurses who have to make comprehensive observations and direct contact with clients in the inpatient room continuously such as in the ICU room, nurses feel that currently the room has a limited number compared to patients who are mainly in the ER. Some tasks are completed in a hurry because the next incoming patient comes before the task is completed, and always feels tired because of doing a lot of nursing actions during work.

According to (Rivai, 2021), nurse workload is all activities or activities carried out by nurses while on duty to provide nursing services to patients, either directly or indirectly. The impact of excessive workload can negatively impact patient service and nurse satisfaction High workload can trigger stress and burnout in nurses, which can decrease work efficiency and effectiveness.

According to (Diana, 2025) that Motivation greatly affects *the burnout of the poor, low motivation magnifies the risk of burnout*, while strong motivation tends to prevent it, because *burnout* itself is a chronic stress condition due to high work demands that drain emotions and energy, causing nurses to feel tired, cynical, and less professional. The relationship is reversed, meaning that the higher the motivation, the lower *the burnout*, and vice versa. Depleted motivation can exacerbate emotional exhaustion, one of the main dimensions of burnout, making nurses feel like they no longer have energy or empathy for patients.

The results of the statistical analysis using the chi square test (χ^2) obtained a p-value of 0.000 (≤ 0.05). Based on this value because the p value ≤ 0.05 can be concluded that there is a Relationship between Nurse Workload Factors and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital

In line with the research conducted by (Ardiansyah, 2022) that 42 heavy workloads (85.7%) and 48 moderate burnout (98%) were obtained. The results of the statistical test obtained a P value = 0.000 and a p value < α value (0.05), where there is a relationship between workload and Burnout Syndrome in nurses in the inpatient room of Bhayangkara Hospital Level III Manado.

According to (Sari, 2021), nurses with light workloads tend not to experience *burnout* because there is a balance between the number of nurses and patients, patients who are more independent (minimal care), adequate support facilities, and adaptation and a high sense of responsibility, so that work stress is managed and motivation is maintained.

Workload is measured from activities that affect the physical, time, and psychological workload so that the workload experienced by nurses can cause stress to nurses and if the stress experienced continuously must be overcome by the nurse's own stressors because it will have a long-term impact, commonly known as Burnout Isnaniar, (2021). The results obtained were that the workload experienced by nurses at Dr. M. M Dunda Limboto Hospital experienced heavy workload and severe burnout rates.

Based on the researcher's assumption, that respondents experience severe burnout influenced by feelings of lack of satisfaction with themselves, feeling useless for others (Dimension of decreased achievement) so that it can cause a lack of concentration in work and also need to pay attention to the physical and psychological complaints felt by the respondents in providing nursing services. The occurrence of these complaints will affect the quality of service, the increasing level of burnout and workload experienced, will reduce the quality of work so that it affects performance in providing nursing services to patients and also causes service providers to feel emotional tension when serving clients. This can provide an incentive for service providers to withdraw psychologically and avoid engaging with clients.

Based on the description above, it can be concluded that the standard of the ideal workload of nurses measured from working hours per standard shift is 7-8 hours (morning/evening) or 10 hours (evening), with a total productive time per shift of about 5-7 hours (depending on the type of action and shift), where the higher the workload (long work, large responsibilities, stacked tasks), the greater the risk of a person experiencing emotional exhaustion, depersonalization, and decreased self-achievement (burnout). Workloads that exceed capacity cause chronic stress. If this stress is not managed properly or there is no recovery time, the body and mind will experience continuous fatigue, which leads to burnout, so that there is a relationship between nurse workload factors and burnout in nurses at dr. M.M Dunda Limboto Hospital

The Relationship between Nurse Personality and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Based on the results of the study, it showed that the majority of respondents with good personalities did not experience burnout as many as 34 people (37.8%), based on the findings of the researcher this was associated with nurses who felt comfortable interacting with patients, because they were aware that it was one of their duties to build good therapeutic communication, to have cooperation in teams and groups, not to be easily squeezed by pressure, When discussing accepting the opinions of other nurses and not imposing their will, not delaying work so that work does not pile up, and always trying to be careful on every task done.

In the less personality group, the majority of nurses experienced burnout as many as 40 people (44.4%), based on the findings of the researcher this was associated with nurses who felt uncomfortable interacting with patients and patients' families, because they thought it would cause their work to be completed for a long time, having teamwork and groups, but easily feeling pressured by accumulated work, delaying work with the reason of doing work if the patients who came in were few, and don't communicate much with other coworkers or nurses.

In nurses with less personality but did not experience burnout as many as 10 people (11.1%), based on the findings of the researcher, this was associated with nurses who were less comfortable interacting with others, rejecting new ideas from other nurse colleagues, less tolerant of other nurses' mistakes when working and often feeling overly worried about not experiencing burnout because they felt it had a positive influence on their enthusiasm in providing services to patients, Nurses strive to improve the quality of their services so that patients feel satisfied.

The results of the statistical analysis using the chi square test (χ^2) obtained a p-value of 0.000 (≤ 0.05), Based on this value because the p-value ≤ 0.05 can be concluded that there is a relationship between the Nurse's Personality Factor and Work Burnout (*Burnout*) On Nurses At Dr. M.M Dunda Limboto Hospital.

According to (Permatasari, 2024) that personality is a unique pattern of the way a person thinks, feels, acts, and interacts with the world, encompassing the attitudes, traits, emotions, and values that shape their habits and responses to the environment. It is a combination of dynamic psychic and physical aspects, which can change over time and are influenced by internal (psychic) and external (environmental) factors, as well as show the uniqueness of the individual in dealing with life.

According to (Radiah, 2025), the personality of a nurse is a combination of attitudes and characters centered on caring, empathy, honesty, patience, and professionalism, including the ability to think critically, communicate effectively, and the desire to prioritize the interests of patients over personal interests, with the aim of protecting dignity and improving the welfare of patients. Nurses ideally have traits such as altruism, equality, humility, trustworthiness, and are able to work together to provide holistic service.

Personalities such as *neuroticism* (anxious tendencies, depression) and perfectionism are strongly correlated positively with the risk of *burnout*, while other personalities such as *agreeableness* (friendly, supportive) can be protective; however, situational factors such as workload, social support, and unrealistic expectations are also significant, suggesting that *burnout* is significant. is a complex interaction between personality and environment.

Based on the researchers' assumption that personality (personality type, psychological resilience) has a significant effect on nurses' burnout because these internal characteristics affect the way nurses respond to stress, job demands, social support, and emotional management, where certain personalities (e.g., more resilient or have a strong support system) tend to be more resistant to burnout, while stress-prone personalities can increase the risk of burnout. Personality types (such as resilience) help nurses manage work stress, which directly reduces the intensity of negative feelings that lead to burnout.

Based on the description above, it can be concluded that low personality, especially in the aspects of hardiness and *self-care*, is strongly correlated with a higher risk of *burnout* in nurses, because they are less able to manage chronic work stress, tend to be pessimistic, and lack commitment and self-control, so it is easier to experience emotional and professional fatigue due to high job demands. The ideal standards of nurse personality include a combination of personal and professional traits as well as the ability to think critically and master nursing science, with the aim of providing optimal care while maintaining the dignity of patients and carrying out the principles of nursing ethics, so that from the above statement, there is a relationship between nurse personality factors and *burnout* in nurses at dr. m.m dunda limboto hospital.

The Relationship between Nurses' Work Stress and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Based on the results of the study, it showed that the majority of respondents with mild work stress did not experience burnout as many as 34 people (37.8%), based on the findings of the researcher, this was associated with nurses who could complete tasks within the specified time or according to working hours (shifts), were able to overcome work pressure from both the head of the room and the team leader so that it did not cause fatigue and did not have an impact on work boredom or bornout.

In the group of nurses with mild stress, 10 people (11.1%) experienced burnout, based on the findings of the researcher, this was associated with nurses who were able to cope with the stress felt both in terms of patient and supervisory demands, but the nurses felt bored with the same work done every day. In addition, there is no career development and awards from superiors, causing work boredom to increase.

In the severe stress group, nurses experienced burnout on average 36 people (40%), based on the findings of the researcher, this is associated with nurses who feel stressed because work tasks are not completed based on the targeted time, unable to cope with the work pressure felt and affect the life of nurses outside of work, so that nurses often feel less focused, work makes nurses easily angry and offended, and nurses feel burdened to do tasks at the same time, such as doing duties as primary nurses and due to limited staff, nurses have to go back and forth to escort patients for CT – SCAN, X-ray and several other examinations.

The results of the statistical analysis using the chi square test (χ^2) obtained a p-value of 0.000 (≤ 0.05), Based on this value because the p value ≤ 0.05 can be concluded that there is a relationship between the Nurse's Work Stress Factor and Work Burnout (*Burnout*) on nurses at Dr. M.M Dunda Limboto Hospital.

Research conducted by (Hasim, 2024) shows that nurses' work stress is mostly in the severe category of 23 respondents (57.5%) and Burnout is as large as categorically does not occur and occurs, namely 20 respondents (50.0%), with the results of the Chisquare test of p-value = 0.000, where the p value is smaller than the value (α). The conclusion of the study is that there is a relationship between work stress and burnout in emergency department nurses at Manembo-Nembo Bitung Hospital. It is recommended that you make regular entertainment agendas or activities for nurses so that nurses are not bored and experience stress due to their work.

According to (Dwi, 2025), work stress is a psychological and physical response to pressure or work demands that exceed a person's ability, characterized by symptoms such as anxiety, irritability, fatigue, difficulty sleeping, indigestion, and decreased productivity. The causes can be varied, ranging from heavy workloads, lack of support, to work-life balance imbalances, and can be overcome with relaxation techniques, improving working conditions, social support, and maintaining physical and mental health. Nurse work stress is caused by internal factors (heavy workload, busy working hours, shifts changing, emotional demands) and external factors (poor management, relationship conflicts, lack of support,

inadequate facilities), negatively impacting performance, quality of life, and health, with symptoms such as fatigue, headaches, sleep disturbances, and digestive problems.

This is also in line with occupational health theory which states that heavy work stress often occurs in situations where job demands are high but nurses' control over nurses' work is low. This is supported by research from Lee & Asforth (2022) which states that work stress can occur if the work pressure experienced by a worker is persistent for a long time, it will cause burnout because their body condition is unable to rebuild their ability to deal with stressors.

Based on the researcher's assumption that, work stress in nurses is highly impactful and strongly correlated with the occurrence of burnout, because high work pressure, excessive workload, stressful work environment, and lack of support can drain nurses' physical and emotional energy to the point of experiencing mental fatigue, depersonalization, and decreased self-achievement, which is the core of burnout syndrome, although individual coping mechanisms also have an effect.

Based on the description above, it can be concluded that the higher the work stress experienced, the higher the level of burnout that occurs, although there are several studies that have found an insignificant relationship due to coping and social support factors. Long-term work stress triggers burnout through persistent physical, mental, and emotional fatigue, affecting the quality of health services, so from the above statement, there is a relationship between nurses' work stress factors and *burnout* in nurses at Dr. M.M Dunda Limboto Hospital.

The Relationship of Leadership Style with Burnout in Nurses at Dr. M.M Dunda Limboto Hospital.

Based on the results of the study, it shows that the majority who consider their leadership style to be good on average do not experience burnout as many as 36 people (40%), based on the findings of the researcher this is associated with nurses who consider that the director gives a clear vision and mission to the nurse, always provides motivation and encouragement to provide better nursing services, but the director is felt to give less appreciation to nurses who work well. and rarely provide feedback on the work of nurses.

In nurses who considered their leadership style to be good, 9 people (10%) experienced burnout, based on the findings of the researcher, this was associated with nurses who considered the vision and mission, supervision by superiors, performance flexibility to be carried out in accordance with the ability of the nurse without reducing the quality of service, but nurses still felt bored due to high physical fatigue due to the many daily actions carried out on patients.

In nurses who considered their leadership style to be less than 8 people (8.9%), based on the findings of the researcher, this was associated with nurses who considered that the director's vision and mission were not in accordance with the nurses, often contradicted and disagreed with the rules made so that they were reluctant to improve the quality of services provided, often felt bored and bored because they thought that their superiors did not have empathy for the needs of nurses.

The results of the statistical analysis using the chi square test (χ^2) obtained a p-value of 0.000 (≤ 0.05), Based on this value because the p value ≤ 0.05 can be concluded that there is a relationship between the Leadership Style Factor and Work Burnout (*Burnout*) on nurses at Dr. M.M Dunda Limboto Hospital.

A parallel study conducted by (Rahma, 2023) shows that there is a significant relationship between *burnout* and leadership quality in the Rho spearman test. Therefore, we accept H_a and reject H_o . The burnout rate of nurses correlates significantly with their leadership qualities. The results of this study show that *the level of burnout of nurses in the workplace is influenced by the leadership style of their head nurses*.

Research conducted by Yusriadi (2020) in Pasyola et al., (2021) on the selection of leaders of Bengkulu district based on leadership characteristics or traits showed that candidates were helpful, socially minded and attentive by 20.6%, honest and non-corrupt candidates by 12.9%, good and not arrogant leaders by 11.7%, and leaders who were willing and firm by 6.5%. From the results of respondents to become leaders in an area, in first place with a percentage of 20.6%, a person must have character or leadership traits that are intelligence, personality and ability (Pasyola et al., 2021).

According to (Sari, 2021) that leadership style is a typical pattern of behavior or approach used by a leader to direct, motivate, and manage his team to achieve common goals in the organization, which includes values, strategies, and methods applied. The leadership style of hospital directors varies, but research shows a tendency towards democratic (involving staff in deliberation), situational/flexible (adapting to conditions), and sometimes supportive (supporting staff), to improve service quality and discipline.

According to (Rahma, 2023), nurses' leadership style has a great influence on burnout; Weak or authoritarian leadership styles tend to increase burnout, while transformational and democratic/participatory leadership styles that are supportive, inspiring, and communicative can significantly lower the risk of burnout by creating a positive work environment, supporting psychological well-being, and providing empowerment and recognition to nurses, ultimately improving the quality of nursing services.

The researcher's assumption is that leaders cannot gain legitimacy and credibility from their subordinates. To be a good leader, a person must first understand what his subordinates are looking for in a leader, so that he can increase the motivation and work ethic of his subordinates, and avoid physical and

mental fatigue in doing his job.

Based on the description above, it can be concluded that the ideal hospital director applies a transformational and democratic/participatory leadership style, which combines inspirational vision, motivation, human resource development, with open communication, shared decision-making, and strong support to build a positive work culture, innovation, and excellent service, not only authoritarian but able to be a good facilitator and listener to face the complexities of health services. Hospital directors' leadership styles are closely correlated with nurses' workloads, where effective leadership (democratic, transformational, participatory) tends to reduce psychological burden and increase nurse motivation, while authoritarian or less effective styles can increase stress and workload perception, although other factors such as SOPs, number of patients, and facilities also influence. Good leadership creates a positive work environment that helps nurses manage tasks despite high loads, while poor leadership exacerbates workloads, leading to burnout and decreased performance.

Based on the description above, it can be concluded that there is a Relationship between Leadership Style Factors and Burnout in Nurses at Dr. M.M Dunda Limboto Hospital, so it is found that there is a significant influence between Personality, Work Stress, Workload, Working Time, and Leadership Style with the level of burnout in nurses

CONCLUSION

Working time had a positive and significant effect on nurses' work stress ($\beta = +0.28$; $p = 0.004$). The longer the nurse's working life, the greater the potential for stress due to the accumulation of responsibilities and monotonous work routines. Workload had a positive and significant effect on nurses' work stress ($\beta = +0.55$; $p = 0.000$). High workload has proven to be the dominant factor that increases work stress, especially in service units with intensive patient pressure and responsibility. Personality had a negative and significant effect on work stress ($\beta = -0.41$; $p = 0.000$). Positive personalities, such as emotional stability and adaptability, act as a protector against work stress by strengthening the psychological resilience of the individual. Leadership style had a negative and significant effect on work stress ($\beta = -0.33$; $p = 0.000$). Supportive and empathetic leadership has been shown to reduce work stress through increased social support and a positive work atmosphere. Work stress had a positive and significant effect on burnout ($\beta = +0.63$; $p = 0.000$). The higher the level of work stress, the higher the work boredom experienced by nurses, characterized by emotional fatigue and decreased professional enthusiasm.

Work period, workload, personality, and leadership style have a direct effect on burnout. Workload had the greatest direct influence on burnout ($\beta = +0.37$), while personality ($\beta = -0.24$) and leadership ($\beta = -0.26$) were factors that significantly reduced burnout. Work stress proved to be a significant mediating variable in the relationship between independent variables and burnout. The largest indirect influence came from workload on burnout through work stress ($\beta = +0.35$), while the greatest protective influence was shown by personality ($\beta = -0.26$). The pathway analysis model has high explanatory power with R^2 work stress = 0.68 and R^2 burnout = 0.74. This means that 74% of the variation in burnout can be explained by a combination of work time, workload, personality, leadership style, and work stress. In total, workload was the most influential factor in increasing burnout (total $\beta = +0.72$), while positive personality was the strongest burnout suppressor (total $\beta = -0.50$).

SUGGESTIONS

For Hospital Management

- 1) Adjust workload and working time proportionally according to the number of patients and the capacity of nursing personnel, by paying attention to the standard *nurse-to-patient ratio* so that there is no *work overload*.
- 2) Organizing stress management and resilience strengthening training programs for all nurses on a regular basis, including *mindfulness*, *emotional regulation*, and *team reflection sessions* to strengthen the psychological resilience of staff.
- 3) Encourage the application of transformational and supportive leadership styles in each nursing unit, so that the head of the room is able to play the role of a *coach* and *emotional supporter*, not just an administrative supervisor.
- 4) Providing internal psychological counseling services or *employee assistance program (EAP)* for nurses who show symptoms of severe stress or burnout, as a form of organizational responsibility for the welfare of the workforce.

For Heads/Nursing Leaders

- 1) Develop open and two-way communication with staff to create a supportive and participatory work climate.
- 2) Increase sensitivity to nurses' signs of work stress through behavioral observation and an empathetic approach, so that early intervention can be carried out before burnout appears.
- 3) Provide non-financial awards (*appreciative leadership*) for staff who demonstrate good performance and high commitment to patient service, to strengthen intrinsic motivation.

For Nurses

- 1) Improve self-management and adaptive coping skills by maintaining *work-life balance*.
- 2) Develop a resilient professional personality through self-reflection, soft skills training, and active involvement in self-development activities.
- 3) Optimize *peer support* to share experiences, reduce emotional stress, and strengthen team solidarity.

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